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Stable Ischemic Heart Disease

COMPARISON OF THE EFFICACY OF ROSUVASTATIN VERSUS ATORVASTATIN IN PREVENTING CONTRAST INDUCED NEPHROPATHY IN PATIENTS WITH CHRONIC KIDNEY DISEASE UNDERGOING PERCUTANEOUS CORONARY INTERVENTION

Poster Contributions
Poster Hall B1
Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Lipids and Lipid Lowering in Stable Ischemic Heart Disease
Abstract Category: 27. Stable Ischemic Heart Disease: Therapy
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Background: It is unclear whether rosuvastatin was different from atorvastatin on preventing contrast induced nephropathy (CIN) in patients with chronic kidney disease (CKD) undergoing percutaneous coronary intervention (PCI).

Methods: We enrolled 1078 consecutive patients with CKD undergoing elective PCI. Patients in Group 1 (n=273) received rosuvastatin (10mg), and those in group 2 (n= 805) received atorvastatin (20mg).

Results: CIN was observed in 58 (5.4%) patients. The incidence of CIN was similar in patients pretreated with either rosuvastatin or atorvastatin (5.9% vs. 5.2%, p=0.684). The same results were also observed when using other definitions of CIN. Clinical and procedural characteristics did not show significant differences between the two groups (p>0.05). Additionally, there were no significant inter-group differences with respect to in-hospital mortality rates (0.4% vs. 1.5%, p=0.141). Multivariate logistic regression analysis revealed that rosuvastatin and atorvastatin demonstrated similar efficacies for preventing CIN, after adjusting for potential confounding risk factors (OR=1.17,95% CI,0.62-2.20,p=0.623). A Kaplan-Meier survival analysis showed that patients taking either rosuvastatin or atorvastatin had similar incidences of all-cause mortality (9.4% vs.7.1%,respectively;p=0.290) during follow-up.

Conclusion: Rosuvastatin and atorvastatin have similar efficacies for preventing CIN in patients with CKD undergoing PCI.